

<b>Case Number:</b>	CM14-0204651		
<b>Date Assigned:</b>	12/17/2014	<b>Date of Injury:</b>	11/07/2003
<b>Decision Date:</b>	02/05/2015	<b>UR Denial Date:</b>	11/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 67 year-old male, who sustained an injury on November 7, 2003. The mechanism of injury is not noted. Diagnostics have included: June 2009 lumbar MRI reported as showing L5-S1 disc bulge displacing the S1 nerve roots. Treatments have included: acupuncture, medications. The current diagnoses are: lumbago, neck and upper back pain, right lower extremity pain. The stated purpose of the request for Zanaflex 2 to 4mg prn #180 was not noted. The request for Zanaflex 2 to 4mg prn #180 was denied on November 19, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Voltaren XR 100mg po prn #90 was not noted. The request for Voltaren XR 100mg po prn #90 was denied on November 19, 2014, citing a lack of documentation of functional improvement. The stated purpose of the request for Tramadol 50mg 1 to 2 a day prn #200 was not noted. The request for Tramadol 50mg 1 to 2 a day prn #200 was denied on November 19, 2014, citing a lack of documentation of functional improvement. Per the report dated October 9, 2014, the treating physician noted that the injured worker's leg and lower back pain is improved. Exam showed no change from previous assessment which noted decreased sensation to the bilateral L5-S1 dermatomes. The requested Tramadol 50mg 1 to 2 a day prn #200, is not medically necessary. Per CA MTUS Chronic Pain Treatment Guidelines, The injured worker has improved low back and leg pain. The treating physician has documented decreased sensation to the bilateral L5-S1 dermatomes. This medication has been prescribed since April 2014. The criteria noted above not having been met, Tramadol 50mg 1 to 2 a day prn #200 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Zanaflex 2 to 4mg prn #180:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The requested Zanaflex 2 to 4mg prn #180 is not medically necessary. The CA MTUS Chronic Pain Treatment Guidelines, Muscle Relaxants, pages 63-66, do not recommend muscle relaxants as more efficacious than NSAIDs and do not recommend use of muscle relaxants beyond the acute phase of treatment. The injured worker has improved low back and leg pain. The treating physician has documented decreased sensation to the bilateral L5-S1 dermatomes. This medication has been prescribed since April 2014. The treating physician has not documented spasticity or hypertonicity on exam, intolerance to NSAID treatment, nor objective evidence of derived functional improvement from its previous use. The criteria noted above not having been met, Zanaflex 2 to 4mg prn #180 is not medically necessary.

**Voltaren XR 100mg po prn #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

**Decision rationale:** The requested Voltaren XR 100mg po prn #90 is not medically necessary. California's Division of Worker's Compensation "Medical Treatment Utilization Schedule" (MTUS), Chronic Pain Medical Treatment Guidelines, page 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted." The injured worker has improved low back and leg pain. The treating physician has documented decreased sensation to the bilateral L5-S1 dermatomes. This medication has been prescribed since April 2014. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use nor hepatorenal lab testing. The criteria noted above not having been met, Voltaren XR 100mg #90 is not medically necessary.

**Tramadol 50mg 1 to 2 a day prn #200:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; Opioids for Chronic Pain; Tramadol Page(s): 78-80,80-82, 113.

**Decision rationale:** The requested Tramadol 50mg 1 to 2 a day prn #200, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, pages 78-80, Opioids for Chronic Pain, pages 80-82, and Tramadol, Page 113, do not recommend this synthetic opioid as first-line therapy, and recommend continued use of opiates for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has improved low back and leg pain. The treating physician has documented decreased sensation to the bilateral L5-S1 dermatomes. This medication has been prescribed since April 2014. The treating physician has not documented: failed first-line opiate trials, VAS pain quantification with and without medications, duration of treatment, and objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention. The criteria noted above not having been met, Tramadol 50mg 1 to 2 a day prn #200 is not medically necessary.